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0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office		
	Application Number	09/825,604	
	Filing Date	April 3, 2001	
	First Named Inventor	Anthony Aquila	
	Group Art Unit Number	2166	
	Examiner Name	Christopher L. Gilligan	
Total Number of Pages in This Submission	19	Attorney Docket Number	23029-05797 (22606-05797)

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Letter to Chief Draftsperson
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Formal Drawing(s):
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> [ ] Sheet(s) of Figure(s) [ ]
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	<input type="checkbox"/>
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<input checked="" type="checkbox"/> Preliminary Amendment [ 16 ] Page(s)	<input type="checkbox"/>
<input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
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GROUP 3600

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	Sabra-Anne Truesdale
Attorney/Reg. No.:	Sabra-Anne Truesdale, Reg. No. 55,687
Dated:	March 5, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:	Sabra-Anne Truesdale		
Typed or Printed Name:	Sabra-Anne Truesdale	Dated:	March 5, 2004
Express Mail Mailing Number (optional):			

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# FEET TRANSMITTAL

## for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **\$ 1,286.00**

*Complete if Known*

Application Number	09/825,604
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Examiner Name	Christopher L. Gilligan

MAR 15 2004

GROUP 3600

Art Unit **2166**

Attorney Docket No. **23029-05797 (22606-05797)**

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity Small Entity

Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Fee	Fee	Fee
1001 770	2001 385	Utility filing fee		
1002 340	2002 170	Design filing fee		
1003 530	2003 265	Plant filing fee		
1004 770	2004 385	Reissue filing fee		
1005 160	2005 80	Provisional filing fee		
<b>SUBTOTAL (1)</b>		<b>(\$)</b>		

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
58	-20**=38	x 18.00	= 684.00
17	-10**= 7	x 86.00	= 602.00

Independent Claims

Multiple Dependent

Large Entity		Small Entity	
Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)	Fee	Fee
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	**Reissue independent claims over original patent	
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>		<b>\$ 1,286.00</b>	

\*\*or number previously paid, if greater; For Reissues, see above

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee (\$)	Fee (\$)
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(g)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
<b>SUBTOTAL (3)</b>		<b>(\$)</b>	

\*Reduced by Basic Filing Fee Paid

### SUBMITTED BY

Complete (if applicable)

Name (Print/Type) **Sabra-Anne Truesdale** Registration No. (Attorney/Agent) **55,687** Telephone: (650) 335-7187

Signature

*Sabra-Anne Truesdale*

Date

March 5, 2004